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<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	09/669187-Conf. #2999
		Filing Date	September 25, 2000
		First Named Inventor	Arthur M. Krieg
		Examiner Name	D. J. Blanchard
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1643
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 1600.00		Attorney Docket No.	C1039.70035US00

**METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims** 23 - **Extra Claims** 49 = 0 x **Fee (\$)** = **Fee Paid (\$)**

**Multiple Dependent Claims**

**Fee (\$)** 360.00 **Fee Paid (\$)** 360.00

**Indep. Claims** 1 - **Extra Claims** 6 = 0 x **Fee (\$)** = **Fee Paid (\$)**

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**            - 100 = **Extra Sheets**            /50 **Number of each additional 50 or fraction thereof**            (round up to a whole number) x **Fee (\$)** = **Fee Paid (\$)**

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00

1801 Request for continued examination (RCE) (see 37... 790.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	48,207
Name (Print/Type)	Maria A. Trevisan	Telephone	(617) 646-8000
		Date	June 13, 2006

x06.13.06

**Certificate of Mailing Under 37 CFR 1.8(a)**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: June 13, 2006

Signature: (Nicole Millette Hawes)